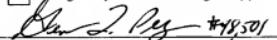


<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 1056-0133PUS1
Application No. 10/571,279-Conf. #6051	Filing Date December 26, 2006	Examiner S. J. Y. Loewe	Art Unit 1626	
Applicant(s): Keiko TAKAHASHI et al.				
Invention: CRYSTALLINE SULFONAMIDE-CONTAINING INDOLE COMPOUND AND PROCESS FOR PREPARING THE SAME				
<p><b>MS Amendment</b>          Commissioner for Patents          P.O. Box 1450          Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application.          The fee has been calculated and is transmitted as shown below.</p>				
<b>CLAIMS AS AMENDED</b>				
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
1	- 66 =	0	x 52.00	0.00
Independent Claims	1 - 4 =	0	x 220.00	0.00
<p>Multiple Dependent Claims (check if applicable) <input type="checkbox"/></p> <p>Other fee (please specify): _____</p> <p><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> <span style="float: right;">0.00</span></p>				
<input checked="" type="checkbox"/> Large Entity		<input type="checkbox"/> Small Entity		
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 <u>Marc S. Weiner</u> Attorney Reg. No.: 32,181				
Dated: <u>September 2, 2009</u>				
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000				